
OUTPATIENT TREATMENT OPERATIONS:

1450

SPECIAL INCIDENTS

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SPECIAL INCIDENTS

GENERAL DESCRIPTION

Definition

A Special Incident is a significant patient occurrence or any event which has the potential of adversely affecting the operation of the program.

The following occurrences qualify as Special Incidents:

- * Suicide or attempt;
- * Death or serious injury of or by patient;
- * Criminal behavior (including parole violations or arrests with or without conviction);
- * AWOL (Absent Without Leave);
- * Any incident which may result in public or media attention to the program.

Other Terms Defined

Criminal Behavior

Any known or alleged offense committed against persons or property while the patient is in the Conditional Release Program. It need not necessarily lead to an arrest.

AWOL

A patient is declared AWOL when it is determined that the patient is absent from treatment and supervision as ordered by the court. See **Section 1430: SEPARATION PROCESS, Absent Without Leave**, for specific criteria.

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NOTIFICATION TO CONREP

Statewide Answering Service

Forensic Services has contracted with a 24-hour per day answering service which has established an "800" telephone number. This number is used by law enforcement officials when a CONREP patient has either:

- * Been arrested and/or detained; or
- * Applied to purchase a handgun.

Law Enforcement Responsibility

Rap sheets for CONREP patients now include a notice asking local law enforcement agencies to contact the "800" number to report the arrest or detention of a CONREP patient. The Department of Justice will contact the "800" number if a CONREP patient applies to purchase a handgun.

Answering Service Responsibilities

Information

The answering service will secure the following information:

- * Name;
- * CI&I Number;
- * Arresting agency and its contact phone number;
- * Date of arrest or detention;
- * Arrest charge or reason for detention; and
- * Date of application to purchase handgun.

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NOTIFICATION TO CONREP

Answering Service Responsibilities (cont.)

Contacting CONREP Program

The answering service will consult a computer list (updated monthly) of CI&I numbers and names to determine which CONREP program to contact. The answering service will then contact the responsible CONREP program and relay the above information.

The service will continue to call the program until a designated mental health staff person is reached. In the event that no one from the CONREP program can be reached, the service will contact the CONREP Operations office.

CONREP Responsibility

After receiving the information from the answering service, each CONREP program is to contact the local law enforcement agency directly for specific details. If the information provided describes a situation which meets the definition of a Special Incident, the CONREP program must then follow the reporting requirements as presented in this section.

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SPECIAL INCIDENT REPORTS

Telephone Reports

Any incident which concerns a serious reoffense, creates significant problems in program operation or which may be of concern to news media and/or public officials, must be reported by phone. Examples of serious incidents include those involving:

- * Death;
- * Serious injury; and/or
- * Other significant high profile events.

Such incidents are to be telephoned to the CONREP Operations liaison as soon as they become known. No information should be given to the press prior to contact with DMH.

Form MH 1725

Submission

All Special Incidents are to be documented on **Form MH 1725, Special Incident Report (SIR)**. The completed form should be typed and contain basic information concerning the incident, as well as a review and analysis of the circumstances surrounding the incident. The analysis may be submitted at a later date, as indicated below under Timelines: Telephone Reportables.

Automated Format

The MH 1725 form has been automated and is available for use in personal computers by local CONREP programs via diskette. Copies of the automated form are available, by request, from the CONREP Operations office in San Francisco. After entering the appropriate information on the automated form, print both pages and then copy it back-to-back and submit it as one (1) page to CONREP Operations, as required.

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SPECIAL INCIDENT REPORTS

Form MH 1725 (cont.)

Attachments

When submitting Form MH 1725, copies of the following documents must be attached:

- * *Only* the Special and/or Individualized Terms & Conditions of Outpatient Treatment;
- * Current treatment plan;
- * Last quarterly court report (or hospital discharge summary on recent admissions);
- * Copies of last three months' record of all CONREP clinical contacts (e.g. individual, group, medication and day socialization notes); and
- * Individual Risk Profile (MH 7025).

Documentation in Patient Record

The person completing the SIR form will document clinical information regarding the incident in the patient's chart, including notation of appropriate actions taken. Do *not* file a copy of the completed MH 1725 form in the patient's chart. It is a confidential, internal document and should be filed in a separate SIR file.

Timelines

Telephone Reportables

All telephone reportable SIRS must be called in to CONREP Operations as soon as the incident is known. The CONREP program must file a written SIR (MH 1725) within 72 hours of the telephone report. However, the Staff Analysis section of that SIR must be submitted as an addendum to the SIR form within 14 days.

Other Reports

All other reports must be submitted to the CONREP Operations Manager within 14 days of knowledge of the incident.

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SPECIAL INCIDENT REPORTS

Program Staff Analysis

Each local program is expected to conduct an internal review subsequent to every Special Incident reported. It is important to utilize this opportunity in order to prevent other incidents.

An interdisciplinary conference should be held and include all staff who had contact with, and information about, the patient. The course of treatment, relapse prevention plan, psychological report, diagnosis, medication, precursor profile and other components of treatment in relation to the incident should be reviewed.

A critical analysis should be done in light of this review, as well as current information garnered from the special incident. The staff analysis action of the MH 1725 should consist of a summary of the team's findings and should answer the question "What can be learned from the event for future situations?"

The analysis and clinical conclusions of the interdisciplinary conference regarding the Special Incident should also be documented in the patient's case record, as well as the MH 1725. In some instances, modifications in overall program policies and procedures may be appropriate.

Follow Up Information

If the information immediately available is not complete, or other developments are anticipated, indicate on the form that follow-up information will be sent at a later date.

When that information is later forwarded, it should reference the SIR previously submitted. Any subsequent events related to the original incident should be forwarded as an addendum to the primary report.

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SPECIAL INCIDENT REPORTS

Report Distribution

The incident reports are to be reviewed and signed by the Community Program Director or designee and distributed in the following manner:

- * The original copy is to be submitted to the CONREP Operations Manager;
- * Copy to the Community Program Director or Designee; and
- * Copy to Special Incident File.

Special Incident File

Copies of these reports are to be maintained in a separate file entitled "Special Incident Reports" at the provider's office.

Individual incident reports are to be destroyed after seven years, unless the Community Program Director determines that the report should be retained longer.

Notification of Inpatient Death

PC Section 5021 requires that the death of any active CONREP patient in an inpatient facility be reported to local law enforcement offices within two hours of the death. The following offices are to be notified:

- * County sheriff;
- * County coroner;
- * City Chief of Police; and
- * District Attorney.

Notification is the responsibility of the authorities within the inpatient facility.

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CONREP OPERATIONS SIR REVIEWS

Telephone Reportable Incidents

CONREP Operations liaison staff will query program staff regarding a telephone reportable Special Incident to obtain the following information:

- * Patient name, CI&I number and age;
- * Description of Incident/Action Taken/Notification;
- * Last Prior Clinical Contact with Patient;
- * Planned Action and Anticipated Results; and
- * Date that the Special Incident Report (MH 1725), with accompanying documentation, will be mailed.

After collecting the above information, CONREP Operations liaison staff will document the telephone conversation and provide written notification to the appropriate staff within the Department regarding the incident; including, but not limited to, CONREP Operations Manager and the Chief of Forensic Services.

Types of Reviews

Based on a number of factors described below, CONREP Operations may respond to Special Incidents by gathering information and conducting different levels of review. The types of review include:

- * Basic Review;
- * On-site Case Review; and
- * Critical Incident Review.

Basic Review

Review of MH 1725

CONREP Operations liaison staff will review the MH 1725 to ensure completeness of the report, accuracy of the information, completeness of the attachments and adequacy of the program's Staff Analysis.

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CONREP OPERATIONS SIR REVIEWS

Basic Review (cont.)

Liaison Review Report

State liaison staff may contact the Program Director and/or the clinician who completed the review to clarify issues or to obtain additional information not documented in the SIR. A written report of the review will then be completed by CONREP liaison staff and sent to the Community Program Director and the Chief of Forensic Services/Director of Mental Health.

Report Contents

Generally, CONREP Operations comments consist of consultative feedback in the form of either questions for consideration or suggestions for discussion by the treatment team. Occasionally, due to the appearance of substantial procedural or treatment issues, the review report may include directives to implement corrective actions.

Program Response

Programs are not required to formally respond to a CONREP Operations Basic Review unless it specifically asks for a plan of correction or other response. Should the Community Program Director feel that the Review contains factual inaccuracies, those concerns should be addressed directly with the liaison who *may* later issue a corrected Review. If there is a substantial disagreement which can not be resolved through this process, a letter stating the position of the Community Program Director may be directed to the Manager of CONREP Operations, who will include it in the SIR record.

Programs are expected to disseminate CONREP Operations Special Incident Basic Review reports to all relevant staff, discuss the review in a staff meeting at which relevant staff are present and incorporate changes as a result of these discussions where necessary (e.g. the patient's treatment plan or program policies and procedures).

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CONREP OPERATIONS SIR REVIEWS

Basic Review (cont.)

Program Response (cont.)

Programs should incorporate critical directives into practice and respond to any specific formal requests of CONREP Operations. The CONREP Operations SIR Basic Review report should be filed with the SIR report in a separate SIR file.

On-Site Case Review

CONREP Operations liaison staff assigned to review a particular SIR may decide to conduct an on-site case review with the CONREP program staff on his/her next visit to the program. Case Reviews are conducted at the discretion of the CONREP Operations liaison because of a particular concern about the treatment and/or program issues related to the case under review or because of a history of concerns from prior Special Incident Reviews.

The focus of such a review would be:

- * Consideration of systems issues, communication problems, documentation problems, and treatment issues; and
- * Assisting the program to develop an action plan which is responsive to this particular SIR or a series of SIRs.

CONREP Operations liaison will write a summary of this meeting and include such summary on the Special Incident Review.

Critical Incident Review (CIR)

Description

Following receipt of a report regarding a critical special incident, CONREP Operations staff will conduct a Critical Incident Review (CIR). Such a review may also be appropriate when a pattern of lesser incidents over a period of time may indicate system or other problems in a particular program. In addition, a CIR may be conducted in response to other identified critical program issues.

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CONREP OPERATIONS SIR REVIEWS

Critical Incident Review (CIR) (cont.)

Description (cont.)

Each program shall provide access to facilities, documents, records, staff, patients and other material or persons CONREP Operations deems necessary for review.

CIR Focus

The Critical Incident Review focus will involve evaluation of the treatment of the patient involved, as well as examination of the effect overall program operational procedures may have had in relation to the incident.

The goals of the review will be to:

- * Identify both early warning signs and contributing factors;
- * Make recommendations to modify both individual treatment and program operation; and
- * Prevent future similar incidents.

Recommendations will also be made to the CONREP Operations Manager and/or Chief of Forensic Services regarding any implications for modifications or additions to statewide Conditional Release Program policies or procedures.

CIR Process

The Critical Incident Review may be conducted through individual and group interviews or discussions with the Community Program Director or Coordinator, program staff, law enforcement officials, the identified patient (if appropriate) and other pertinent personnel. Treatment records and program policies and procedures will be examined.

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CONREP OPERATIONS SIR REVIEWS

Critical Incident Review (CIR) (cont.)

CIR Process (cont.)

The review and subsequent report will concentrate on the following areas:

- * Review of the Special Incident as reported;
- * Clinical assessment of incident as related to Individual Patient Treatment Plan;
- * Program evaluation in relation to the incident;
- * Specific findings; and
- * Recommendations.

CIR Review Protocol

A CRITICAL INCIDENT REVIEW PROTOCOL will be utilized in conducting the CIR review and writing the report. This protocol is outlined on the following pages and includes a listing of Examples of Potential Patient Problems which may be useful, as well.

CIR Report

Once finalized, the CIR report will be submitted to the Chief, Forensic Services. A copy of the report, as well as any specific recommendations, will be sent to the Community Program Director.

A request for a written response to those recommendations may be included as part of the report. Community program implementation of any recommendations contained in the report is to be evaluated on an ongoing basis by the CONREP Operations liaison.

CRITICAL INCIDENT REVIEW PROTOCOL**I. Review of the Special Incident as Reported****A. Reporting Process/Mechanism**

1. Examine reporting process from first knowledge of incident at local level through notification of appropriate community and state personnel.
2. Determine the following: Was correct procedure followed? Was the reporting timely, accurate, thorough? What level of staff was involved in the reporting chain?

B. Summary of Actual Incident

1. Develop or verify the definitive, detailed chronology of the incident.
2. Summarize an accurate, final version of the incident which includes information from all sources.

C. Current Status of Patient**II. Clinical Assessment of Incident as Related to Individual Patient Treatment Plan****A. Gather Background Information Prior to Visit**

1. All pertinent prior history information available on implicated patient.
2. Evidence of other maladaptive behavior by seeking:
 - a. C & I Rap Back (An updated Criminal History Report);
 - b. Printout from "800" Statewide Answering Service;
 - c. DMV Printout.

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CRITICAL INCIDENT REVIEW PROTOCOL (cont.)

- B. Individual Patient Record Review
 - 1. Prior History
 - a. Is it available? How thorough is it?
 - b. How familiar are primary therapist and supervisory staff with contents?
 - 2. Identify the following :
 - a. Commitment type;
 - b. Length of time in the community;
 - c. Nature of program's acceptance of patient (Concurrence or objection to original placement).
 - 3. Review Current Treatment Plan
 - a. Time/content of last update prior to incident;
 - b. Results of case conferences;
 - c. Any modification subsequent to incident;
 - d. Relevance to commitment offense.
 - 4. Review all Quarterly Court Reports and other Court Communications.
 - 5. Note any demonstration of patient problems with the program (e.g. chronic rule breaking).
 - 6. Examine toxicology reports and assess any findings for relevance to incident.
 - 7. Review clinical notes in chart for:
 - a. Progress of treatment in individual and group therapy related to both pathology and criminality;

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CRITICAL INCIDENT REVIEW PROTOCOL (cont.)

- b. Indications of early warning signs of potential patient problems (See Appendix A for examples);
 - c. Extent and results of home and collateral visits.
- III. Program Evaluation in Relation to the Incident
 - A. Assess quality of previous case conferences related to identified patient.
 - B. Assess program response to incident:
 - 1. Modifications in treatment plan, level of care, and/or placement — Were the changes appropriate, adequate?
 - 2. What, if any, changes occurred in program's direction, emphasis, policies and/or procedures?
 - 3. What has the program learned from the incident?
 - C. Evaluate program's understanding of the antecedents of the incident, missed signals, etc.
 - D. Analyze relationship of the program with law enforcement and the courts and its relationship to the incident.
- IV. Specific Findings
 - A. Following the above outline, delineate the major findings of the Special Incident Review team.
 - B. Indicate any findings which relate to the statewide Conditional Release Program (For internal use).
- V. Recommendations
 - A. Individual Patient Treatment Plan.
 - B. Identified Community Program Operations.
 - C. Statewide Conditional Release Program (For internal use).

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CRITICAL INCIDENT REVIEW PROTOCOL

Examples of Potential Patient Problems

- I. Resistant or Non-compliant Behaviors**
 - Late to or absent from program appointments.
 - Pattern of rule breaking or risk taking behavior.
 - Change in degree of compliance with program/plan.
 - Negative or solicitous attitude.
 - Hostility expressed and/or acted out.
 - Failure to take medications as ordered.
 - Arrest or minor incidents.
 - Manipulative behavior.
 - Positive drug screenings, other evidence of alcohol or drug use.
- II. Significant Clinical Conditions**
 - Change of therapist.
 - Changes in prescribed medications (either dosage or type of drug).
 - Paranoid ideation, grandiosity, religiosity.
 - Control override symptomology.
 - Presence of pornographic material related to instant or controlling offense.
 - Canceled therapy appointments by either patient or therapist.
 - Returning to scene of the crime, either to live nearby or to visit.
 - Demonstrated behavior related to prior crimes or victims.
 - Associating with inappropriate or prohibited people.
 - Sudden or significant change in affect, attitude or energy level.
 - Withdrawal/withholding behavior.
- III. Social/Behavioral Factors**
 - Break up of significant relationship.
 - Change in living arrangement.
 - Change in hygiene and appearance of person and/or living area.
 - Loss of job.
 - Illness or death of family member.
 - Sudden change in social pattern, either withdrawal or over involvement.